

EMERGENCY MEDICAL SERVICES AUTHORITY1930 9th STREET

SACRAMENTO, CA 95811-7043

(916) 322-4336 FAX (916) 324-2875



DATE: March 23, 2009

TO: EMS Constituent Groups

FROM: Bonnie Sinz, RN, BS
EMS Systems Division Chief

SUBJECT: 60-Day Public Comment Period
March 23, 2009 through May 22, 2009

California State Trauma Registry Data Dictionary Version 1.0
A component of the California EMS Information System (CEMSIS)

California Code of Regulations Title 22, Division 9, Chapter 7, §100257 empowers local EMS agencies (LEMSA) to collect trauma data. However, no standardized statewide data dictionary exists specifically for the State of California. Traditionally, the National Trauma Data Bank (NTDB) has been the gate keeper of data and trauma hospitals send data directly to the NTDB and/or LEMSA. As part of the development of a statewide trauma system, the California State Trauma Registry Data Dictionary Version 1.0, a component of the California EMS Information System (CEMSIS), has been developed.

In March of 2007 the EMS Authority released the California State Trauma Registry Data Dictionary for its first public comment period. Over the next 2 years the National Trauma Data Standard (NTDS) underwent significant changes. Trauma Centers, and in many cases, LEMSAs adapted to the revised NTDS Version 1.2.5. The California State Trauma Registry Data Dictionary required significant revision to remain compliant with NTDS version 1.2.5. Changes to the 2007 State Trauma Registry Data Dictionary include:

Change: Many changes originated from the first public comment period.

Rationale: Partners and constituents play an important role in the vetting process of a document. Many changes were taken directly from the public comments received.

Change: Detailed Table of Contents

Rationale: This document will be used by many trauma system participants and will need a robust index or table of contents. The EMS Authority chose to create a detailed table of contents so users could quickly locate information.

Change: Information that could be gleaned from a Computer Aided Data (CAD) system utilized by EMS dispatch now includes the ability to utilize a tick, mark, or marker to EMS related times.

Rationale: A tick, mark, or marker is the term used by some CAD systems allowing rapidly report times.

Change: First name, last name, and partial social security number are added in California's dictionary.

Rational: Names and partial social security numbers allow the Trauma Registry to link with EMS records, the Office of Statewide Health Planning and Development (OSHPD) and other state data systems which are important partners in statewide data collection. These data will be protected by the appropriate security measures.

Change: Null Values have been changed to NTDS.

Rationale: The NTDS has uniquely established null values eliminating empty fields. The aim of the California State Trauma Registry Data Dictionary is to be compliant with NTDS thus the null values were changed to meet the NTDS.

Change: The document now has Data Source Hierarchy for most elements.

Rational: The NTDS added Data Source Hierarchies to create standardization for data collection. The standardization allows users consistency within to draw conclusions with the data.

Change: The Injury Severity Information section was altered to include AIS Predot Code (IS_01), AIS Severity (IS_02), ISS Body Region (IS_03), AIS Version (IS_04), and locally calculated ISS (IS_05).

Rational: Several injury severity scoring tools exist; however, the NTDS tool has emerged as the predominant method. Other scoring systems can be added as research emerges.

Change: Element CA_03 was combined with element P_17.

Rationale: Both elements are very similar and could logically be combined.

Change: Appendix numbers were changed to reflect the NTDS.

Rationale: The Appendix in the 2007 first draft of the California State Trauma Registry Data Dictionary could not be aligned with the NTDS and required number changes.

Change: Appendix 1 was changed to NTDS data fields.

Rationale: The 2007 first draft of the California State Trauma Registry Data Dictionary contained data elements for all hospital information creating repetitive steps. The NTDS changed the element to fields that are entered initially then periodically updated as the hospitals change status.

Change: Hospital and trauma center designation/accreditation information were changed in Appendix 1 to represent state statutes and regulations.

Rationale: The NTDS is designed to represent the American College of Surgeons accreditation process; however, in California hospitals require designation from the local EMS agency.

Change: Changed edit checks to NTDS to create more robust understanding of errors.

Rationale: The NTDS design to report errors allow the operator to better understand errors because the error codes describe the nature of the error.

Change: Adopted NTDS Appendix 4 Data Scheme.

Rationale: The data schemes create sequential definitions for the data elements matching the NTDS.

Change: Created Appendix 5 to specifically address data elements that will link to other data bases.

Rationale: The additional elements in Appendix 5 represent probabilistic and deterministic links to other data bases. Future research and grant awards will require the need to link to other data bases.

Change: Changed Glossary of Terms to mirror the NTDS.

Rational: The California State Trauma Registry Data Dictionary Version 1.0 is designed to build into the NTDS and in order for the data to cross match, the data definitions are the same.

Change: The California data element numbers do not follow a sequential pattern.

Rationale: The data elements are derived from the 2007 first draft of the California State Trauma Registry Data Dictionary and will be sequential in the final product.

The document is available at www.emsa.ca.gov for downloading. In the event a hard copy is needed, please send your request to Marquita Fabbri via email at Marquita.fabbri@emsa.ca.gov.

Interested parties are invited to submit written comments during a 60-day written comment period from March 23, 2009 through May 22, 2009. **The written comment period closes at 5:00 p.m. on May 22, 2009, and comments received after that date will not be accepted.** Written comments can be mailed, faxed, or e-mailed to the EMS Authority staff listed below. The comments received will be reviewed by the Trauma Advisory Data Group and State Trauma Advisory Committee. If no substantial changes are needed then the document will be presented to the EMS Commission for approval.

You may send, fax or e-mail your comments, utilizing the attached format, to:

Johnathan Jones, RN, BSN
Trauma & Specialty Care Coordinator
EMS Authority
1930 9th Street
Sacramento, CA 95814
916-322-4336 ext 415
916-324-2875 FAX
johnathan.jones@emsa.ca.gov